FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

This is an initial* Statement of Organization

This is an amended* Statement of Organization

Reset Form

FORM	STATEMENT
DR-1	OF
(Rev.	ORGANIZATION
07/2003)	
- 010	I . A. I

MAR 1 1 2004

*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

D K-1 (Rev. (7/2003)	ORGANIZATION
For Office Us	se Only
Comm. # ndexed	
Audited	
Computer	

COMMITTEE NAME $\downarrow \downarrow$	
Joe Kowzan For Supervis	or
	(4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise
Committee (7)County/City Central Committee	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name + + Lon Spurgin Mailing Address + +	Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3/6 Crescent Lane City, State \ \psi \ Zip Code \ \psi \	2803 Avenve J City, State 1 Zip Code 1
Fort Madison, Iowa 52627	Fort Madison, Iowa 52627
Phone (3/9) 372-7752	Phone (3/9) 3/2 - 8260
e-Mail Jon spurgin @ Mwc, net INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	e-Mail
INDICATE PURPOSE OF COMMITTEE – Check One Box	cate for/against candidate(s) Advocate for/against ballot issue(s)
Comment or description:	
Office Sought: Lee County Supervisor	District:3
Political Party (if applicable) Democra +	Year Standing for Election: 200'4
County/Local Candidates and Local Ballot/Franchise Committees Enter:	Date of Election: June 8, 2004 Primary
Bank Account Name ↓ ↓	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Joe Kowzan for Supervisor Name of Financial Institution/type of Account ↓↓	Joe Kowzan
Name of Financial Institution/type of Account $\downarrow \downarrow$ Lee (ounty Bank & Trust	Mailing Address \downarrow
Mailing Address + + F	Fort Haulson 10000 32627
$\begin{array}{ c c c c c c }\hline \text{City} & \downarrow & \downarrow & \text{State} & \downarrow & \text{Zip} & \downarrow & \\ \hline \end{array}$	Phone (3/9) 372 - 7980
Fort Madison, Iowa 52627	e-Mail gnarley/Dinterl. net

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- 1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- 4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- 5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.
- 6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed

Signature of Treasurer

3/8/04 Date Signed march of 2004

FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization	Responsibility 3-24	FORM STATEMENT DR-1 OF (Rev. ORGANIZATION 07/2003)	
*An initial Statement of Organization must be filed within 10 days of the committee expenditures, or incurring indebtedness exceeding \$750. Amendments must be Penalties may be imposed for late-filed Statements of Organization.	ee's accepting contributions, making	For Office Use Only Comm. # Indexed Audited Computer	
Joe Kowzan For Supervis	MAR 2 5 2004		
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party Committee (7)County/City Central Committee	(4)County/Local Candidate (5)Co	unty PAC (6)Ballot Issue/Franchise	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory	except for a candidate's committee)	
Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \)	
Fort Madison, Iowa 52627 Phone (319) 372-7752 e-Mail lonspurgin@mwci.net	Fort Madison, I Phone (319) 372-8260 e-Mail		
INDICATE PURPOSE OF COMMITTEE – Check One Box Comment or description:	ocate for/against candidate(s)	vocate for/against ballot issue(s)	
All Candidates Enter: Office Sought:	Year Standing for Election: 207	04 ,2004 Primary	
Bank Account Name Joe Kowzan for Supervisor Name of Financial Institution/type of Account Lee County Bank & Trust Mailing Address BOI Avenue F City State State Fort Madison, Towa 52627	Joe Kowzan Mailing Address 2 17 elody Terro City + Tadison Phone (319) 372 - 7980	State \downarrow	
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for the comment	march 1/2	OOX	
onature of Candidate, OR, for all other committees. Chairnerson	Pate	Signed	